

## What is a Trigger Finger?

The hand is a very intricate, highly sophisticated part of the body. There are numerous structures within the hand, with little extra room for swelling, injury, scar tissue. We rely on our hands daily to perform all sorts of tasks and activities, including something as simple as brushing our teeth, buttoning, cooking, and writing, to grasping tools, and operating heavy machinery. Our hands allow us to play instruments as well as rock climb. Having said this, often we overuse our hands on any given day and as we get older the body has a tougher time healing from overuse and/or injuries. The medical term for a trigger finger is stenosing tenosynovitis.

Trigger fingers are a very common condition which can affect one or multiple fingers overtime. They are more common in women and those with Diabetes and Rheumatoid Arthritis. Trigger fingers usually start out as a soreness in the palm or finger which hurts with pressure to the area or with movement. Symptoms include locking, popping, and stiffness and is often worse in the morning. If this area continues to be irritated, swelling ensues and overtime the condition becomes chronic and the body forms scar tissue as the normal response to trauma. The hand has several tendons and the ones that flex the hand are called flexor tendons. I often compare this system to a fishing pole where the line is the tendon and the eyelets holding the line in place are called pulleys in the hand. The tendon is surrounded by a sheath. When there is swelling between the sheath and the tendon from overuse or trauma, the tendon begins to rub on the pulleys and forms scarring and a nodule or bump. Once this nodule is formed, the finger generally starts to stick into a flexed position and catches and often this person will have to unlock the finger by manually pulling the affected finger into a straightened position. This can be quite painful.

When the finger locks consistently, often this person will need to see a physician who will decide if a cortisone injection is appropriate. Therapy is recommended at this time to assist in lessening the inflammation and increasing tendon excursion back to normal. If the patient sees a doctor before the locking begins and within 6 months, often therapy will help to prevent the locking from happening. Anti-inflammatory medication such as Advil or Aleve will be recommended including custom splinting from the therapist and icing. It is said that if the condition is less than 6 months in duration, that 85% of patients can be successfully treated with conservative treatment including hand therapy.

Sometimes the condition is too chronic and this patient will need to see a surgeon who will release the pulley and or clean the area around the tendon called a tenosynovectomy or trigger finger release. The patient will need to be referred to a hand therapist to ensure that the scar tissue remains minimal and that the flexibility and tendon excursion is returned to a normal state. A hand therapist will provide custom splinting as needed, soft tissue mobilization, exercises, ultrasound, electrical stimulation and whatever is appropriate for this person.

Contact Stewart Hand and Upper Therapy, Anne Stewart(Owner) for questions and or an appointment.

838 Main St  
Monroe, CT 06468  
Phone: 203-880-9577

Therapy is by appointment only with morning and evening appointments available. A doctor's referral is required. Please check our website for accepted insurances. We can always see you out of network.